

FICER'S BATTERY REPORT
HICAGO POLICE DEPARTMENT

RD NO.

HY210364

STRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION

NAME (LAST - FIRST - M.I.) OKEEFE, JOHN D	
FAR NO. 18418	
ATE OF APPOINTMENT 28-OCT-2002	
IT OF ASSIGNMENT 311	
EX 1. M	RACE 2. F WHITE
EIGHT 510	
WEIGHT 175	

INCIDENT INFORMATION

<input type="checkbox"/> 1. INDOOR	<input checked="" type="checkbox"/> 2. OUTDOOR
ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST	
CITY <input type="checkbox"/> CHICAGO	STATE (If outside Chicago)
LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 0825
DATE OF OCCURRENCE 04-APR-2015	TIME 16:19:00
DAY OF WEEK SATURDAY	

NO. OF OFFICERS BATTERED 3

WERE THERE ASSISTING UNITS ON SCENE? 1. YES 2. NO
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 0

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

1. ON DUTY	WORKING
<input type="checkbox"/> A. UNIFORM, PATROL DUTY	<input type="checkbox"/> A. ALONE
<input checked="" type="checkbox"/> B. UNIFORM, OTHER DUTY	<input type="checkbox"/> B. WITH ONE PARTNER
Describe _____	<input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS
How many? <u>2</u>	
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS	PATROL TYPE:
<input type="checkbox"/> D. TACTICAL	<input checked="" type="checkbox"/> A. SQUAD CAR
<input type="checkbox"/> E. B.I.S. UNIT	<input type="checkbox"/> B. FOOT
<input type="checkbox"/> F. SPECIAL EMPLOYMENT	<input type="checkbox"/> C. BICYCLE
<input type="checkbox"/> G. OTHER _____	<input type="checkbox"/> D. APV/MOTORCYCLE
2. OFF DUTY	<input type="checkbox"/> E. SQUADROL
3. SPECIAL EMPLOYMENT	<input type="checkbox"/> F. OTHER
4. SECONDARY / OTHER	

MANNER OF ATTACK

<input type="checkbox"/> 01. SHOT
<input type="checkbox"/> 02. SHOT AT
<input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
<input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
<input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):	
<input checked="" type="checkbox"/> A. FIREARM CALIBER 9 MM	<input type="checkbox"/> D. HANDS/FISTS
<input type="checkbox"/> B. REVOLVER	<input type="checkbox"/> E. FEET
<input checked="" type="checkbox"/> C. SEMI-AUTOMATIC	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)
<input type="checkbox"/> 3. RIFLE	<input type="checkbox"/> G. VERBAL THREAT (ASSAULT)
<input type="checkbox"/> 4. SHOTGUN	<input type="checkbox"/> H. OTHER (SPECIFY)

TYPE OF ACTIVITY

<input type="checkbox"/> A. AMBUSH - NO WARNING	
<input type="checkbox"/> B. TRAFFIC STOP/PURSUIT	
<input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON	
<input type="checkbox"/> D. DISTURBANCE - DOMESTIC	
<input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT	
<input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER	
<input type="checkbox"/> G. DISTURBANCE - OTHER	
<input checked="" type="checkbox"/> H. MAN WITH A GUN	
<input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/12-2.B-4-AGG ASSAULT/PEACE OFFICER/WEAPON	IUCR CODE ASSAULT - AGGRAVATED PO: HANDGUN

<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE	<input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT	<input type="checkbox"/> I. BLUNT INSTRUMENT
ORIGINAL IUCR CODE _____		

FIREARM USE INFORMATION (Check all that apply):

<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT
<input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED
<input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX <input checked="" type="checkbox"/> 1. M	RACE <input checked="" type="checkbox"/> 2. F BLACK	DOB [REDACTED]
CB NO. 19091372		R NC.

<input type="checkbox"/> K. OTHER
TYPE OF INJURY TO OFFICER
<input type="checkbox"/> A. FATAL
<input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)
<input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
<input checked="" type="checkbox"/> D. NONE APPARENT/NONE

WAS THE OFFENDER'S ACTIVITY:
DRUG RELATED?

<input checked="" type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 1. YES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. UNKNOWN

NO. OF OFFENDERS PRESENT? 1

LIGHTING CONDITIONS AT INCIDENT	
<input checked="" type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK
<input type="checkbox"/> B. NIGHT	<input type="checkbox"/> E. ARTIFICIAL LIGHT
C. DAWN	1. POOR 2. GOOD

<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	<input type="checkbox"/> G. OTHER
<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. LINE	<input type="checkbox"/> H. SEVERE CROSS WIND
<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE <u>57 °F</u>		
LOG# <u>1074534</u>		
Attachment # <u>13</u>		

REPORTING MEMBER - SIGNATURE
OKEEFE, JOHN D

STAR NO.
18418

WATCH COMMANDER / UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
CALLOWAY, KEITH A

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